

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200744852
Claim Number :	06M24896
Date Submitted :	3/19/2007

Insurer Information

Insurer Name		Coverage Type	
FRONTIER INSURANCE COMPANY		Primary	
Insurer FEIN		Professional License Number	
13-2559805			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	nina	l	gorton
Street Address			
195 lake louise marie road			
City		State	Zip
rock hill		NY	12775
Phone	Ext	Fax	E-Mail Address
(845) 796 - 2100	5062		NGORTON@FTR.COM

Insured Information

Type	First Name	MI	Last Name
Individual	asher		gorelik
Insurer Type	Street Address of Practice		
Licensed	3448 fairfield trail		
City	State	Zip Code	County
clearwater	FL	34621	Hillsborough
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
cm0501764	\$1,000,000	\$3,000,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME40538	Psychiatry - All Other		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Hillsborough
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
12/14/1998		6/9/2006	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
headaches
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
failure to diagnose brain tumor
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
failure to diagnose brain tumor
Principal Injury Giving Rise To The Claim
brain tumor
Severity Of Injury
Permanent: Grave - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.

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Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 3/6/2007
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Claim or suit abandoned.	
Final Method of Claim Disposition Dropped before Action Filed	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	<u>Anticipated</u>
the insured has consulted with defense counsel, medical experts and claims personnel regarding this matter	

Updates
No updates found.